## FORM 2A - 2009 AGENCY EMPLOYEE HOURS AND SALARIES

							E1		E2		E3		E4		E5		E6
Agency Name:							PROGRAM										
							0.00										
							DISABILITY/										
							POPULATION										
1	2		3		4												
Position	Code	Sex	Ethnic														
Title			Group	Hrs.	Yearly Salary	Hrs.	Salary	Hrs.	Salary	Hrs.	Salary	Hrs.	Salary	Hrs.	Salary	Hrs.	Salary
SUBTOTAL OF SALARIES (Control Account No.7000)																	
SUBTOTAL OF SALARIES (from other Form2)																	
Employee Health & Retirement Benefits* (Control Account No. 7100)																	
FOTAL (Control Account Numbers 7000 & 7100)										_							

*DO NOT INCLUDE	CONTROL	ACCOUNT NUM	IBER 7200.	PAYROLL	TAXES.

Revised 6/07